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A case is terminated when treatment has been given, or when the parents absolutely refuse to have anything done.

When the case is terminated, the medical inspector shall note on the school physical record card what treatment, if any, has been obtained; the nurse's record copy is then forwarded to the chief medical inspector's office.

The medical inspector's records must be forwarded with the daily report.

MEETINGS

Medical inspectors must report in person, at such times as may be designated, to the chief medical inspector.

A meeting of the staff will be held once a week.

(To be continued)

A CALL TO THE COUNTRY

By MARY C. STROBHAR, R.N.

Graduate of the Laura Hill Hospital, Montgomery, Alabama

I WONDER if this recent experience of mine will be of interest or a bit of help to any one.

I arrived at the tiny town of G—— at 7.30 on a very dark night. Mr. S. (who is the postmaster, general merchant, and, in fact, G——) and his good wife were at the train to meet me. There is no station at G——. Mr. S. piloted the way with a lantern to his home near-by, and after enjoying an old-fashioned country supper, we started for my patient's home.

A negro drove, and Mr. S. and the pretty girl "school-ma'am" went with me. We had a long five-mile drive over a country road, and, had it been daytime, or even moonlight, we would have seen great fields of white cotton on all sides. We arrived at our destination at nine o'clock, six miles from the doctor (*not* over automobile roads) and five miles from the nearest telephone.

During the drive I learned from Mr. S. that the patient was a fifteen-year-old girl, who had been ill with typhoid fever for six weeks, and had suffered a relapse almost two weeks before my arrival. At four o'clock in the morning of the day I arrived, she had lost a quart of blood while sitting on a low vessel on the floor. She had always been taken out of the bed, even to void urine, "because she could not use a bed-pan."

Three other white families lived in the settlement, and I found all

the members at the patient's house, and in her room, waiting "to see the nurse."

I found the child asleep (in spite of the hum of voices), and after feeling her pulse, I hurried to give her strychnine gr. 1/30, by hypodermic, before stopping to don my uniform. The doctor, who came only early each morning, had left 1/40 gr. strychnine tablets to be given by mouth, one every four hours, but for several days the patient had vomited every drop of anything given her.

Mr. S. had also told me how very irritable and "fussy" Rachel was, seldom taking anything for any one excepting the old black mammy, "Aunt Maria." So you can imagine my delight when she roused and saw me for the first time and said: "Oh, you look so pretty in that nice white dress; I want you to stay with me all of the time;" and when I left the room she called out: "What's her name? Tell her to come back!" So we were good friends from the first.

I gave the strychnine every four hours, by hypodermic, and during the night she retained, in all, about one ounce and a half of albumin, mixed with a little crushed ice and whiskey. The child's nerves were in a fearful condition, and by morning I was confident that was the main cause of her vomiting, rather than a weak stomach. I also found that when she vomited her nourishment, if I would repeat it immediately she would retain it better than if I waited twenty or thirty minutes to repeat it. The next morning I began giving her one ounce of nourishment every hour, and by sponging her face with cold water and *insisting* that she be a sweet girl and not vomit, for if she did I would have to give her more right away (I found this little firmness helped a great deal), I kept her fairly well nourished. I alternated rice-water and buttermilk, with albumin. By mixing one-half of the white of an egg (not beating it, for then some would be "lost" in foam), and adding two teaspoonfuls of whiskey, there was but little more than an ounce to be taken, and by giving this every other hour, she took one ounce of albumin and a half-ounce of whiskey every two hours. The taste of rice water and buttermilk was a change from the albumin. Her bowels were not allowed to move for forty-eight hours after she had the hemorrhage (by the doctor's order, morphine gr. 1/6, with atropin, was given), and ice was used on the abdomen. The catheter had to be used for a few days. Her temperature was fairly well controlled with tepid baths or by sponges of alcohol and cold water (equal parts). An ice cap was used on her head. After the first day of giving nourishment every hour, I increased the amount, and gave it every two hours, and in a few days she was taking the usual amount of nourishment every three hours. I substituted

chicken broth for rice water and increased the whiskey to three drachms every two hours during the day, and four drachms every three hours during the night.

Saline enemas, 1 quart, were given, very slowly, when the bowels had not moved in 24 hours. In a week's time little Rachel's temperature was running from 99° to 101°. Once when her bowels needed flushing, her temperature reached 102°, but a saline enema moved the bowels well and brought the temperature down. It was longer before her pulse and respiration were as near normal.

The first few days I felt as though *I* would soon break down. I am constantly fussing about nurses who fail to take a fairly good amount of rest and exercise, for fear usually that "some one won't approve" (and there are many such nurses in our city), for it makes it hard for those of us who do.

But when yours are the only earthly hands to save a life, it is not easy to think of self, so my first few days with little Rachel will not soon be forgotten. But things could have been much worse, for although there was no mother, a nineteen-year-old daughter assisted as best she could. The father was more than anxious to do all in his power for his child, and make it as easy as possible for the nurse. Although they were gotten with difficulty, we had ice, alcohol, carbolic; also the things easily gotten in the country—good buttermilk, fresh eggs, chickens for broth, etc.—were never wanting and "Aunt Maria" was a veritable right arm to me.

I can't resist mentioning "Aunt Loo," the cook, a true old Southern slavery darkey. She was an endless source of amusement, and I venture to say that no one except a "*real* Southerner" could understand a word "Aunt Loo" says.

It was with the feeling that my trip had been worth while that I left Alabama's country hills and returned home to her city of hills.

MORAL PROPHYLAXIS

BY GEORGE P. DALE, M.D.

Dayton, Ohio

(Continued from page 26)

IN how many families is the youth of to-day instructed by his father, mother, or teacher in regard to sexual matters? The prevailing idea seems to be that an early and simple instruction along these lines will poison the minds of the young, when in fact the child is not yet impure in mind and will not give an impure interpretation to the facts. Every